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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/712,333	
	Filing Date	November 13, 2003	
	First Named Inventor	K. Koike	
	Group Art Unit	2823	
	Examiner Name	William D. Coleman	
Total Number of Pages in This Submission	10	Attorney Docket Number	09792909-5759

ENCLOSURES (check all that apply)						
<input checked="" type="checkbox"/> Transmitted herewith is Response to Notice of Non-Compliant Amendment.						
<input checked="" type="checkbox"/> The fee has been calculated as shown below:						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	22	-	86	0	<input type="checkbox"/> x \$9.00 <input type="checkbox"/> x \$18.00	\$0
INDEPENDENT CLAIMS	3	-	3	0	<input type="checkbox"/> x \$42.00 <input checked="" type="checkbox"/> x \$86.00	\$0
	APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR.			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> x \$140.00 <input type="checkbox"/> x \$280.00 ONE TIME	\$0
	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0
<input type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated _____ by _____ month(s) for a fee of \$ _____ so that the period for response is extended to _____ under 37 C.F.R. § 1.321.						
<input type="checkbox"/> The amount of \$ _____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the credit card payment form.						
<input type="checkbox"/> The amount of \$ _____ for the Amendment under 37 C.F.R. § 1.312(b) is included in the enclosed check.						
<input type="checkbox"/> The enclosed credit card payment form to charge the amount of \$ _____ covers the extension fee, additional claims fee and Terminal Disclaimer fee.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
14. <input checked="" type="checkbox"/> Customer No. 26263						
Dated: July 13, 2005			 David Rozenblat, (Registration No. 47,044)			

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.	
Dated: July 13, 2005	 Roxanne M. Swartz



Attorney Docket No. 09792909-5759

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:

K. Koike et al.

Application No. 10/712,333

Filed: November 13, 2003

For: MASK-MAKING MEMBER AND ITS  
PRODUCTION METHOD, MASK  
AND ITS MAKING METHOD,  
EXPOSURE PROCESS, AND  
FABRICATION METHOD OF  
SEMICONDUCTOR DEVICE

) Group Art Unit: 2823

) Examiner: William D. Coleman

) I hereby certify that this document is being deposited  
) with the United States Postal Service as first class mail  
) in an envelope addressed to: MAIL STOP  
) AMENDMENT, Commissioner for Patents, P.O. Box  
) 1450, Alexandria, VA 22313-1450 on July 13, 2005.

) *Roxanne M. Swartz*  
) Roxanne M. Swartz

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT**

Dear Sir:

This Amendment is submitted in response to the Notice of Non-Compliant Amendment mailed July 1, 2005. Applicants respectfully request amendment of the patent application, and reconsideration and allowance of the pending claims.